

**DIVISION OF CHILD MENTAL HEALTH SERVICES
DISCHARGE FROM OUTPATIENT SUBSTANCE ABUSE SERVICES**

Client Name	DOB
Date of Discharge	Agency
Therapist Name	Telephone

Update information only if different from admission form:

Address	County	K	S	NC	Other	Telephone #1
City/State/Zip	SSN					Telephone #2

Reached age of 18 ☐ yes ☐ no

<p><u>Reason for Discontinuation</u></p> <p><u>01</u> Transferred - responsibility for the patient officially accepted by another organization and client transferred to that organization</p> <p><u>02</u> Administratively Discontinued (no contact with client for 90 days or more)</p> <p><u>03</u> Client died</p> <p><u>04</u> Client/family terminated services against advice</p> <p><u>05</u> Client/family moved from the area</p> <p><u>06</u> Treatment completed no referral</p> <p><u>07</u> Additional services needed - Referral made</p> <p><u>08</u> Additional services needed - No referral made</p> <p><u>09</u> Other (Specify)</p>	<p><u>Referral at Discontinuation</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>01</u> Family</p> <p><u>02</u> Court/YRS</p> <p><u>03</u> School system</p> <p><u>04</u> DFS</p> <p><u>06</u> Other Social Service</p> </div> <div style="width: 45%;"> <p><u>14</u> Group Home</p> <p><u>15</u> MH Residential</p> <p><u>16</u> SA Residential</p> <p><u>17</u> DCMHS Outpatient MH</p> <p><u>18</u> DCMHS Outpatient SA</p> <p><u>19</u> DCMHS Day MH Day</p> <p><u>20</u> DCMHS SA Day</p> <p><u>21</u> School Wellness Clinic</p> <p><u>22</u> Adult Services</p> </div> </div> <p>Other _____</p> <p>_____</p> <p><u>07</u> DCMHS Central Intake</p> <p><u>08</u> DCMHS Clinical Team</p> <p><u>09</u> Primary Care Physician</p> <p><u>10</u> MCO _____</p> <p><u>11</u> General Hospital</p> <p><u>12</u> Psychiatric Hospital</p> <p><u>13</u> Private MH Practitioner</p>
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Outcome of Treatment Compared to Admission Form – Status at Discharge

	Symptoms Worse			No Change		Greatly Improved	
Primary Substance of Abuse	1	2	3	4	5	6	7
Secondary Substance of Abuse	1	2	3	4	5	6	7
Tertiary Substance of Abuse	1	2	3	4	5	6	7

DSM-IV Diagnosis on Discontinuation

Axis I (Primary)	Code:
Axis I (Secondary)	Code:
Axis II:	Code:
Axis III:	Code:
Axis IV:	Code:
Axis V:	